

**RHODE ISLAND DEPARTMENT OF HEALTH
OFFICE OF FACILITIES REGULATION
3 CAPITOL HILL, PROVIDENCE RI 02908
TEL. (401) 222-2566/FAXES: (401) 222-3999/222-5901**

REQUEST FOR RELEASE OF RECORDS

REQUESTED BY: _____ **DATE:** _____

ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

IT IS MY UNDERSTANDING THAT USE OF THIS INFORMATION FOR COMMERCIAL PURPOSES AS DEFINED IN SECTION 38-2-6 OF THE RI GENERAL LAWS IS PROHIBITED AND COULD RESULT IN THE IMPOSITION OF FINES AND/OR IMPRISONMENT.

SIGNATURE: _____

FOR PERSONS REQUESTING CONFIDENTIAL INFORMATION: Persons must demonstrate that they have an interest in the requested record(s) which is such as would enable them to maintain or defend a legal action for which the document or record sought can furnish evidence or necessary information, or are otherwise entitled to the record by law.

REQUESTED RECORDS

[THIS SECTION TO BE USED FOR IDENTIFYING RELEASABLE INFORMATION SPECIFIC TO EACH OFFICE, ANY LANGUAGE CLARIFYING THE RELEASE, AND A LIST OF FEES IF APPLICABLE.]

OR DOH USE ONLY

REQUEST GRANTED

\$ _____ TOTAL FEE

IF FEE IS WAIVED, STATE REASON:

☐

REQUEST DENIED

APPROVED BY:

☐

REFERRED TO LEGAL COUNSEL

**(Chief Administrative Officer
or Designee)**

REASON:

DATE: _____